

COMMONWEALTH OF MASSACHUSETTS  
BOARD OF REGISTRATION IN NURSING

Proposed Revisions to Education Policy 02-02:  
A Report Submitted to the Massachusetts Board of Registration in Nursing by the  
Education Policy 02-02 Advisory Committee

May 25, 2004

**Background**

In February 2004, members of the Massachusetts Board of Registration in Nursing (Board) established an advisory committee to review data from the Board's Spring 2004 Faculty Vacancy Survey of Board-approved Nursing Education Programs and to make recommendations for evidence-based changes to the Board's Education Policy 02-02: *244 CMR 6.04(2)(b) 3 Waiver Criteria*. The Board planned to consider the Advisory Committee recommendations by early summer.

Board regulation 244 CMR 6.04(2)(b) 3 requires the appointment of Registered Nurse program faculty who hold a graduate degree in nursing or a doctoral degree in nursing for either didactic or clinical instruction. Education Policy 02-02 establishes criteria for the waiver of 244 CMR 6.04(2)(b) 3 in the appointment of otherwise qualified faculty to Registered Nurse programs for the purpose of clinical or skills laboratory instruction only. The waiver criteria include:

- the prospective instructor possess an earned baccalaureate degree in nursing and is matriculated in a graduate nursing program with an expected graduation date within five years of the date the Board grants such a waiver; or
- the prospective instructor possesses an earned baccalaureate degree in nursing and a related non-nursing graduate degree.

The Board's February 2004 action followed its review of a 244 CMR 6.04(2)(b) 2 waiver request submitted by the Interim Dean, Health Professions, North Shore Community College (NSCC), on behalf of NSCC's Associate Degree program. The prospective instructor for whom the waiver was requested held a baccalaureate degree in nursing and was completing the last prerequisite course for matriculation into graduate nursing program.

In considering the NSCC waiver request, the Board evaluated data related to the 244 CMR 6.04(2)(b) 3 waivers it had granted since the waiver criteria was originally published in November 2002, noting an increase in the number of waiver applications received. Board members also evaluated the 2001 Massachusetts Colleagues in Caring Collaborative study findings describing the regional distribution of RNs prepared at the baccalaureate and graduate level.

The Board voted to find that the NSCC waiver request was not consistent with the published waiver criteria and denied the request, but in doing so, established the

Education Policy 02-02 Advisory Committee (Advisory Committee). In addition to the NSCC dean, other invited Advisory Committee participants included two representatives each from the Massachusetts Association of Colleges of Nursing, the Massachusetts Extended Care Federation, the Diploma/Associate Degree Council of the Massachusetts/Rhode Island League for Nursing, and the Massachusetts Organization of Nurse Executives. Two representative of the Nursing Career Ladder Initiative (NUCLI) were also invited in light of NUCLI's efforts to address the nurse faculty shortage statewide.

Advisory Committee membership criteria were not established by the Board. Instead, Board staff contacted the chairs of each of the invited participant organizations in writing to request that the organization identify its own representatives. The resulting Advisory Committee membership reflected two and four year publicly funded academic institutions, a private college, academic institutions in western and northeastern Massachusetts, as well as metropolitan Boston, employers of newly licensed nurses in acute care and long-term care, a statewide collaborative initiative addressing faculty shortage issues, and a community college administrator responsible for both a Registered Nurse and a Practical Nurse program (Appendix 1).

To accomplish the Advisory Committee's goal by early summer and possibly enable nursing education programs to recruit and select prospective faculty for the 2004-2005 academic year from a potentially larger pool of applicants, an Advisory Committee work plan was devised by Board staff. Originally planned by Board staff as a cyberspace workgroup, the Advisory Committee chose, after its initial meeting, to hold three subsequent meetings at the Board office. The lively, face-to-face discussion at the first meeting was viewed as extremely beneficial to the consensus building process.

#### Education Policy 02-02 Advisory Committee Work plan

2/20/04	E-mail request to BRN-specified organizations for representation. <i>Date completed: 2/20/04</i>
2/27/04	Mail Spring 2004 Faculty Vacancy survey to BRN-approved programs. <i>Date completed: 3/1/04</i>
3/12/04	Response due identifying representatives from invited organizations. Date for first Advisory Committee meeting the week of 4/19/04 determined based on responses. <i>Date completed: 3/12/04</i>
3/19/04	Responses to Spring 2004 Faculty Vacancy survey due.
3/19/04-4/9/04	Follow-up non-respondents. Data input.
4/14/04	E-mail data to Advisory Committee members. <i>Date completed: 4/14/04</i>
Week of 4/19/04	Advisory Committee meets at 239 Causeway Street, Boston. <i>Meeting conducted on 4/22/04.</i>
Week of 4/19/04-5/21/04	Additional Advisory Committee meetings (most likely in cyberspace), as needed.

	<i>Additional meetings held at 238 Causeway Street on 5/10/04, 5/20/04, and 5/25/04. No meetings were conducted in cyberspace.</i>
5/21/04	Finalized Advisory Committee recommendation(s) due. <i>Date completed: 5/25/04</i>
6/3/04	<i>E-mail final Advisory Committee recommendation(s) to BRN.</i> <i>Date completed: 6/3/04</i>
6/9/04	BRN review and action on Education Policy 02-02 changes recommended by Advisory Committee

### **Summary:**

In preparation for the Advisory Committee's initial meeting on April 22, 2004, the following data and documents were distributed to the Advisory Committee members by mail on April 15:

- *The Foundations of 244 CMR 6.04(2)(b)3: A Self-study module* (Appendix 2), designed as an orientation to the Board's public protection mission (Silveira, 2004)
- Education Policy 02-02: *244 CMR 6.04(2)(b) 3 Waiver Criteria*, Massachusetts Board of Registration in Nursing (BRN, 2002)
- Faculty Vacancies Among Board-approved Nursing Education Programs Spring 2002 Survey, Massachusetts Board of Registration in Nursing (BRN, 2002)
- Faculty Vacancies Among Board-approved Nursing Education Programs Spring 2004 Survey tool (BRN, 2004)
- Fiscal Year 2003 and 2004 244 CMR 6.04(2)(b) 3 waiver application data with map demonstrating regional distribution (Silveira, 2004)
- 2001 Massachusetts Colleagues in Caring Collaborative study data related to educational preparation of Registered Nurse licensees (CICC, 2001)
- 1999-2003 Number of Admissions, Enrollments and Graduations, Massachusetts Board of Registration in Nursing (BRN, 2004)
- The Enigmatic Nursing Workforce, *Journal of Nursing Administration*, Volume 30, No. 2 (Prescott, 2000)
- Program Faculty Educational Requirements, *2002 Member Board Profiles*, National Council of State Boards of Nursing (NCSBN, 2002)
- National League for Nursing Accrediting Commission (NLNAC, 2003) and Commission on Collegiate Nursing Education (CCNE) accreditation standards related to faculty qualifications (CCNE, 2003)

A review of additional literature and data was conducted as the Advisory Committee's work evolved, and included:

- National League for Nursing Position Statement: The Preparation of Nurse Educators, National League for Nursing (NLN, 2002)
- The Relationship Between Graduate Preparation and Clinical Teaching in Nursing, *Journal of Nursing Education* (Herrman, 1997)
- Brother, Can You Spare An RN? *Governing* (Perlman, 2004)
- May 4, 2004 E-mail correspondence to C. Silveira from Ann Glanovsky, PhD, RN, Director, Division of Nursing, American International College

- Responses to April 2004 survey conducted by L. Caldwell of members of Massachusetts Association of Colleges of Nursing and the American Association of Colleges of Nursing Small Schools group (Caldwell, 2004)
- American Association of Colleges of Nursing. Nursing Faculty Shortage Fact Sheet (AACN, 2004)
- American Association of Colleges of Nursing. AACN White Paper (AACN, 2003)
- Executive Summary, Report of Findings from the Practice and Professional Issues Survey, Spring 2002, National Council of State Boards of Nursing (NCSBN, 2003)
- 2000-2003 Interest in Nursing Survey, Massachusetts Board of Registration in Nursing (BRN, 2004)
- Projected Supply, Demand, and Shortages of Registered Nurses: 2000-2020, National Center for Health Workforce Analysis, Bureau of Health Professions, U.S. Department of Health and Human Services (HHS, 2002)
- Results-to-date of Board staff telephone survey of state nursing boards with faculty qualifications differing from 244 CMR 6.04(2)(b) (Silveira, 2004)
- National and state-specific 2001-2003 NCLEX-RN pass rates, including number tested and passed (Alabama, Colorado, Georgia, Michigan, Virginia - states that permit the appointment of RN program faculty who do not hold a graduate nursing degree); data compared to Massachusetts NCLEX-RN pass rates for the same period (Silveira, 2004)
- Number of 2002-2003 full-time and part-time instructor positions, 2003 Annual Reports to Massachusetts Board of Registration in Nursing (Silveira, 2004)
- May 5, 2004 E-mail correspondence to C. Silveira from Nancy Spector, PhD, RN, Director of Education, National Council of State Boards of Nursing, advising that the National Council of State Boards of Nursing plans to conduct a study in the fall to collect data on self-reports from newly licensed nurses of errors, adequacy in caring for patients and competencies, and link to education variables, including faculty qualifications.

All organizations were represented at each of the Advisory Committee's four meetings. At the first meeting, Board staff presented an overview of the Advisory Committee's charge and the Board's public protection mission, as well as a statute/regulation "benchmark" (Appendix 3) as an outcome measure of the Advisory Committee's final recommendations.

Advisory Committee members discussed nursing faculty vacancies among Board-approved nursing education programs in relation to current literature, their experience, and the data from the Board's 2004 Faculty Vacancy Survey (see Summary, Appendix 4), noting the need for qualified nursing faculty will likely increase as programs expand and increase student enrollments in response to the current nursing shortage.

#### Advisory Committee discussion highlights

Based on projections in RN nursing student enrollments, as reported by participants in the Board's 2004 study, at least 671 (1:10 instructor to student ratio) to 1118 (1 to 6

instructor to student ratio) clinical nurse educators will be needed statewide in academic year 2005-2006.

Advisory Committee members noted the actual number of 2003-2004 budgeted faculty full-time equivalents (FTEs) among Registered Nurse (RN) program respondents was 495.89, a decline from 509.5 in academic year 2001-2002 (interestingly, among diploma and associate degree respondents, the number of budgeted FTEs *increased* from 200.2 in academic year 2001-2002 to 227.94 in academic year 2003-2004). In addition, according to data from the 2003 Annual Reports to the Massachusetts Board of Registration in Nursing, there were a total of 406 full-time (FT) and 415 part-time (PT) instructors employed by Board-approved RN programs during the 2002-2003 academic year (Diploma/Associate Degree programs: 179 FT and 209 PT; Baccalaureate and higher Degree programs: 227 FT and 206 PT).

The distribution of RNs statewide prepared at the graduate nurse level also impacts the supply of nurse educators. According to the 2001 Massachusetts Colleagues in Caring Collaborative (CICC) survey of Registered Nurse licensees, only 13.8% of RNs currently licensed by the Board statewide hold graduate or doctoral nursing degrees (the number of RNs with non-nursing graduate degree is unknown), with the majority distributed in central eastern Massachusetts, Boston, or out-of-state:

- 10.1% in western Massachusetts
- 10.4 % in central Massachusetts
- 12.5 % in northeast Massachusetts
- 12.8 % in southwest Massachusetts
- 15.5 % in central east Massachusetts
- 18.9 % in Boston
- 18.9 % out-of-state

Combining the percent of nurses holding a baccalaureate degree in nursing with those holding a graduate or doctoral degree in nursing indicates almost half (49.7%) of all RNs licensed by the Board in 2001 held at least a baccalaureate degree in nursing.

Distribution by region is summarized below:

- 40.1 % in western Massachusetts
- 44.3 % in central Massachusetts
- 49.2 % in northeast Massachusetts
- 49.4 % in southwest Massachusetts
- 55 % in central east Massachusetts
- 60.9 % in Boston
- 49.4% out-of-state

The 2001 CICC study also indicated a majority of RNs did not plan to pursue additional nursing education in the next two years, a finding consistent with a recent reduction in the number of graduations from graduate and doctoral nursing programs. Interestingly,

according to the Board's 2004 survey, faculty vacancies resulting from an instructor returning to school were among the least cited factors contributing to the vacancy.

The U.S. Department of Health and Human Services projects that the current shortage of all RNs in Massachusetts will almost double by 2015, from 11% in 2000 to 21%. Based on trends in the supply of RNs and the projected demand for their services due to an aging population and health care financing, federal nursing shortage projections for Massachusetts in the year 2020 are expected to grow to 29.4%, comparable to the national rate.

According to Prescott, vacancy rates are often used to indicate demand. A *sustained* vacancy rate of greater than 5% to 6% depicts a labor shortage (Prescott, 2000). The Board's 2002 and 2004 faculty vacancy surveys are simply snapshots and do not provide the long-term data necessary for nurse educator workforce analysis and broad policy development to assure an on-going supply of graduates prepared for safe, competent nursing practice. Based on data from the 2002 and 2004 studies, however, actual and projected vacancy rates for both RN and PN programs can be calculated for a three year period:

*Actual and projected nursing faculty vacancy rates*

	<b>2001-2002 (actual)</b>	<b>2003-2004 (actual)</b>	<b>2005-2006 (projected)</b>
<b>Registered Nurse</b>	3%	5%	8%
<b>Practical Nurse</b>	19%	7%	13%

In addition to discussing the findings of the 2004 Faculty Vacancy Survey, Advisory Committee members discussed other relevant issues, such as the impact of collective bargaining on nursing faculty salary scales and workloads, and educator/employer partnerships.

The important role of clinical faculty in the development of safe, entry-level clinicians, and the need for novice educators to have some pedagogical preparation were consistent themes throughout the Advisory Committee's discussions. Its wide-ranging discussions served as the basis for its identification of four preliminary options for policy revision:

*Option 1:*

Full-time instructor who holds a graduate or doctoral degree in nursing to "oversee" instructor with baccalaureate degree in nursing (e.g. mentorship) for clinical or skill lab instruction (*eliminates current matriculation in graduate nursing program requirement for prospective instructor with BSN only and uses "oversight" by mentor*).

*Option 2:*

Similar to Option 1 but would not include “oversight” of baccalaureate prepared nurse by full-time instructor with a graduate or doctoral degree in nursing.

*Option 3:*

Related, non-nursing graduate degree (e.g. MPH, MS, MA) from a graduate program accredited by the American College of Nurse-Midwives Division of Accreditation (recognized by the U.S. Department of Education) for clinical instruction in maternity nursing (*eliminates BSN requirement for prospective instructor with related, non-nursing graduate degree for OB instruction only*).

*Option 4:*

Extend Education Policy 02-02 to include didactic faculty as long as the majority of full-time program faculty meet 244 CMR 6.04(2)(b) 3 (i.e. hold graduate or doctoral degree in nursing).

To assist the Advisory Committee in examining the preliminary options, the Advisory Committee devised (through consensus) a five-question “Option Evaluation Criteria” :

1. Does the option increase the pool of otherwise qualified faculty available for appointment to RN programs?
2. Does the option assure the educational and experiential preparation appropriate to teaching assignment?
3. Does the option maintain the ability of the program to develop and implement a current, comprehensive and competency-based program of learning that prepares graduates for safe, entry-level practice?
4. Does the option reflect conceptual consistency with 244 CMR 6.04(2)(b) 3 and the AACN core content of graduate nursing education?
5. Does the option pose a disincentive to graduate nursing education?

The Option Evaluation Criteria was applied to the four policy revision options over the course of two lengthy meetings (Appendix 4). As each option was discussed and further clarified, specific options were eliminated from consideration or were retained for further discussion and consensus-building.

**Final recommendation to the Board**

The Advisory Committee’s final recommendation to the Board includes retention of the two 244 CMR 6.04(2)(b) 3 waiver criterion currently outlined in Education Policy 02-02, and the addition of a third criterion:

- the prospective instructor:
  - possesses an earned baccalaureate degree in nursing;
  - possesses a minimum of five years full-time experience, or its equivalent within the last eight years, and evidence of competence in the area of clinical instruction; and
  - is mentored by a faculty member, qualified in accordance with 244 CMR 6.04(2)(b).

- The duration of this waiver would begin on the date the Board granted the waiver and will expire at the conclusion of the fourth year of employment with the same appointing institution. Upon matriculation in a graduate-nursing program, such a waiver would be extended by the board until the instructor's graduation. Such an extension will not exceed a five-year period from the date of matriculation.

The Advisory Committee also proposed the addition of novice educator mentorship guidelines to the Board's *Guidelines for Clinical Learning Experiences* (Appendix 5).

**Conclusion:**

Members of the Board's Education Policy 02-02 Advisory Committee generously shared their expertise as administrators of approved publicly-funded and private nursing education programs, employers of newly licensed nurses in acute and long-term care settings, nursing consultants, and community college administration to achieve consensus throughout this process. In the end, Advisory Committee members view Education Policy 02-02 as a short-term solution to the complex, statewide issues of nursing faculty vacancies and the shortage of qualified nurse educators while maintaining the integrity of the Board's regulation at 244 CMR 6.04(2)(b) 3.

Evidence-based workforce policy development for long-term resolution of these issues requires consideration of their political, social, and financial context by key stakeholders, including legislators, regulators, higher education administrators, collective bargaining units, nursing faculty and health care providers.

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## **APPENDIX 1**

### **MASSACHUSETTS BOARD OF REGISTRATION IN NURSING**

#### **EDUCATION POLICY 02-02 ADVISORY COMMITTEE MEMBERS**

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**ATTACHMENT 2**  
Massachusetts Board of Registration in Nursing

The Foundations of 244 CMR 6.04(2)(b) 3:  
A Self-study Learning Module

Objectives:

1. Identify the statutes related to pre-licensure nursing education in Massachusetts.
2. Describe the mission of the Massachusetts Board of Registration in Nursing.
3. Correlate 244 CMR 6.04(2)(b) 3 with G.L. chapter 13, sections 13 and 14, and chapter 112, sections 74, 74A, 80B, and 81A, B and C.
4. Explain the role of faculty, as specified by Board regulation, in the implementation of a current, comprehensive, competency-based program of learning.

Topical outline:

- 244 CMR 6.04(2)(b): Qualifications for faculty appointments
- Statutes governing pre-licensure nursing education in Massachusetts
  - Massachusetts General Laws, Chapter 13, sections 13 and 14
  - Massachusetts General Laws, Chapter, 112, sections 74, 74A, 80B, and 81A, B, and C
- Mission, Massachusetts Board of Registration in Nursing
- Graduate core curriculum content, Essentials of Master's Education for Advanced Practice Nursing, American Association of Colleges of Nursing
- Faculty role as identified at 244 CMR 6.04: Standards for the Approval of Nursing Education Programs

Self-study module:

- I. 244 CMR 6.04(2)(b): Qualifications of faculty teaching either the theoretical or clinical component of a nursing course (effective 7/1/98)
  - A. Licensure: all instructors must hold a current Massachusetts Registered Nurse license in good standing;
  - B. Academic credentials
    1. Practical Nurse Program: instructor must possess an earned baccalaureate degree in nursing or an earned masters degree in nursing for appointment to the faculty of a Practical Nursing program;
    2. Registered Nurse Program: instructor possess an earned masters degree in nursing, or possess an earned doctorate in nursing, for appointment to the faculty of a Registered Nursing program;
  - C. Experience:
    1. instructor must possess a minimum of two years full-time experience in nursing, or its equivalent, within the last five years and evidence of clinical competence in the area of clinical instruction; and
    2. instructor maintain expertise appropriate to teaching responsibilities.

- II. Statutes related to the Massachusetts Board of Registration in Nursing and its regulation of pre-licensure nursing education
  - A. General Law, Chapter 13, section 13: Board membership and qualifications
    - 1. The Governor appoints the 17 member Board, including 9 Registered Nurses (RN), 4 Licensed Practical Nurses (LPN), 2 consumers, 1 licensed physician and 1 licensed pharmacist.
    - 2. Board members must be residents of the commonwealth.
    - 3. At the time of appointment or reappointment, nurse members of the Board must:
      - a. be currently licensed as nurses in the commonwealth;
      - b. have at least eight years of experience in nursing practice in the ten years immediately preceding the appointment;
      - c. be currently employed in nursing in the commonwealth at the time of appointment or reappointment and include representatives from long-term care, acute care, and community health settings as follows:
        - i. one representative from each level of nursing education whose graduates are eligible to write nursing licensure examinations (baccalaureate and higher degree programs must be considered one level);
        - ii. 2 RNs in advanced practice, at least one of whom is employed providing directing patient care at the time of appointment;
        - iii. 1 RN who is currently employed as a nursing service administrator and who is responsible in that role for agency or service wide policy development and implementation;
        - iv. 2 RNs not authorized in advanced nursing practice and who provide direct patient care;
        - v. 4 LPNs representing long-term care acute care, and community health settings.
    - 4. Board members serve for a term of three years and until the Governor appoints a successor. No member may serve more than two consecutive full terms in any category. Completion of an unexpired term does not constitute a full term. No fewer than four members of the board can be appointed each year.
  - B. General Law, Chapter 13, Section 14: public protection mandate: authorizes “the Board to make, adopt, amend, repeal, and enforce such rules and regulations consistent with law as it deems necessary for *the protection of the public health, safety and welfare* and for proper administration and enforcement of its responsibilities”.
  - C. General Law, Chapter 112, Section 80B: Nursing practice defined
    - 1. “The practice of nursing means the performance for compensation of those services which assist individuals or groups to maintain or attain optimal health. *Nursing practice requires substantial specialized*

*knowledge of nursing theory and related scientific, behavioral and humanistic disciplines such as are taught and acquired under the established curriculum in a school for nurses duly approved in accordance with this chapter...*

2. Nursing practice involves:
  - a. clinical decision making leading to the development and implementation of a strategy of care to accomplish defined goals;
  - b. the administration of medication, therapeutics and treatment prescribed by duly authorized nurses in advanced roles, including certified nurse midwives, nurse practitioners and psychiatric nurse mental health clinical specialists, dentists; physicians and physician assistants'; and
  - c. the evaluation of responses to care and treatment...
3. It includes, but is not be limited to:
  - a. the performance of services which promote and support optimal functioning across the life span;
  - b. the collaboration with other members of the health team to achieve defined goals;
  - c. health counseling and teaching;
  - d. the provision of comfort measures;
  - e. teaching and supervising others; and
  - f. participation in research which contributes to the expansion of nursing knowledge”.

D. General Law, Chapter 112, Section 74 and 74A: Registration of nurses: An applicant for nurse licensure by examination must furnish satisfactory proof that he is ...a graduate of a *nursing education program approved by the Board*.

1. Section 74: Initial licensure as a Registered Nurse by examination
2. Section 74A: Initial licensure as a Practical Nurse by examination

E. General Law, Chapter 112, section 81A and 81B: Inspection and approval of nursing education programs

1. Section 81A: Authorizes the Board to “approve” only those nursing education programs leading to initial nurse licensure by examination (the purpose of sections 74 and 74A). As a result, graduate-nursing education is not “approved” or regulated by the Board since it is not designed for initial nurse licensure.
2. Section 81B: Authorizes the Board to “approve” nursing education programs leading to initial nurse licensure by examination in another jurisdiction or country.
3. The Board approves the following entry-level nursing education programs: Practical Nurse and Registered Nurse program including



Hospital-based Diploma, Associate Degree, and Generic Masters (Generalist component only).

4. Approval regulations include standards related to the mission and governance, faculty, student policies, curriculum and resources.
5. The Board routinely conducts a comparative analysis of its regulations at 244CMR 6.04: Standards for the Approval of Nursing Education Programs with the accreditation standards of the National League for Nursing Accrediting Commission and the Commission on Collegiate Nursing Education. The Board has determined that its regulations are consistent with the national standards for nursing education.

F. General Law, Chapter 112, section 81C: Rules and regulations relative to nursing schools: Authorizes the Board to make rules and regulations..."concerning the general conduct of approved schools including the:

1. qualifications of the principals and the teachers therein;
2. requirements for the admission of students;
3. curriculum to be taught therein;
4. teaching equipment;
5. care of the health of the students and their housing."

III. Board mission: The mission of the Massachusetts Board of Registration in Nursing is to lead in the protection of the health, safety and welfare of the citizens of the Commonwealth through the fair and consistent application of the statutes and regulations governing nursing practice and nursing education.

IV. Graduate Core Curriculum Content, Essentials of Masters Education for Advanced Practice Nursing, American Association of Colleges of Nursing (1996)

- A. Define foundational curriculum content deemed essential for graduates of a master's degree in nursing *regardless* of specialty or functional focus (i.e. graduate core curriculum content applies to non-advanced practice masters programs, as well as advanced practice programs).
- B. Among the nationally recognized graduate nursing core competencies identified by the AACN:
  1. *nursing and other relevant theories from natural, social, organizational, and biological sciences;*
  2. ability to use appropriate theory within practice;
  3. policy and organization of health care;
  4. ethical decision making
  5. professional role development;
  6. cultural sensitivity; and
  7. knowledge of current research.

V. 244 CMR 6.04: Standards for the Approval of Nursing Education Programs

- A. Faculty: person or body of persons employed within a nursing education program having responsibility for the development, implementation and evaluation of the program of learning, including its services, policies and procedures, student evaluation and curriculum [244 CMR 6.01: *Definitions*]
- B. Program faculty...participate in governance of parent institution and program for the accomplishment of the goals of the...program [244 CMR 6.04(1)(b)]
- C. Faculty develop, implement and evaluate policies [244 CMR 6.04(1)(d)]
- D. Faculty develop and implement a systematic evaluation plan for all program components, including measurement of outcomes<sup>1</sup>, the results of which are used for further program development, maintenance and revision [244 CMR 6.04(1)(e)]
- E. Faculty are responsible for the evaluation of student achievement of nursing competencies [244 CMR 6.04(3)(b)]
- F. Faculty develop a nursing curriculum which provides a variety of learning experiences consistent with the program's philosophy and objectives. The sciences, arts, humanities and professional foundations are integral to the curriculum. The curriculum enables a student to develop nursing competence by identifying the level of student achievement at defined points in the program. It provides instruction in the discipline of nursing and includes content relevant to national and local health care needs. [244 CMR 6.04(4)(a)]
- G. The allocation of resources must be appropriate in meeting the goals and outcomes of the program by using an adequate number of full-time and part-time faculty...by providing current and comprehensive learning resources developed by faculty...and by developing agreements with clinical learning sites that are evaluated by faculty. [244 CMR 6.04(5)(a)]

V. Summary

- A. The state legislature authorizes the Board to protect the public's health, safety and welfare by setting standards for entry into nursing practice. It is the Board's mission to protect the public through the fair and consistent application of the statutes and regulations governing nursing practice and nursing education.
- B. Board approval of a nursing education program reflects public recognition of the program's compliance with the Board's standards for entry-level nursing education. The Board's regulations are consistent with national standards for nursing education.
- C. General Law, chapter 112, section 80B, "defines" nursing as a practice which requires substantial specialized knowledge of nursing theory and related scientific, behavioral and humanistic disciplines that are taught in a Board-approved nursing education program. Board regulation, 244 CMR 6.04(4)(b), specifies the development of a nursing curriculum which provides a variety of

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<sup>1</sup> 244 CMR 6.01 defines outcomes as measurable performance indicators that include, but are not limited to, NCLEX performance, admission, retention and graduation rates, graduate satisfaction, and employment rates and patterns.

- learning experiences...and which integrates the sciences, arts, humanities and professional foundations.
- D. Nationally recognized competencies of graduate nursing education include preparation in the application and use of theories from nursing and related sciences to the care of patients, as well as ethical decision making, professional role development, and cultural sensitivity.
  - E. Board regulation, 244 CMR 6.04(2)(b) 3, requires an instructor responsible for teaching either the didactic or clinical component of a nursing course to hold an earned masters degree in nursing or an earned doctorate in nursing for appointment to the faculty of a Registered Nurse program.
  - F. The regulations at 244 CMR 6.04 identify the role of nurse educators in the development and implementation of a current, comprehensive and competency-based program of learning that prepares graduates for safe, entry-level practice.

**GL C. 112, S. 80B**

- Nursing practice requires substantial specialized knowledge of nursing theory, related scientific, behavioral, humanistic disciplines acquired in Board-approved SONs
- Nursing practice involves:
  - Goal-oriented clinical decision making
  - Administration meds, treatment
  - Evaluate responses
  - Promote, support optimal function
  - Interdisciplinary collaboration
  - Health counseling, teaching
  - Comfort
  - Delegation, supervision
  - Participation in research

**APPENDIX 3  
OUTCOME BENCHMARK****244 CMR 6.04 (2)(b) 3**

Faculty teaching either the theoretical or clinical component of a nursing course shall...

- possess an earned masters degree in nursing or
- an earned doctorate in nursing for appointment to the faculty of a Registered Nurse program.

**Role of faculty per 244 CMR 6.04**

Include, but not limited to:

- Develop, implement, evaluate nursing curriculum
- Design appropriate learning experiences to develop nursing competencies
- Write appropriately-leveled objectives
- Evaluate student competencies
- Integrate sciences, arts, professional foundations
- Provide content r/t local and national health care needs
- Academic policy development and evaluation
- Participate in goal-oriented program, institution governance
- Systematically evaluate all program components

**AACN Core Content Graduate Nurse Education**

- Nursing, natural, social, organizational, biological sciences
  - Application of theory to practice
- Health care policy and organization
  - Ethical decision making
  - Professional role development
    - Cultural sensitivity
- Knowledge of current research

## APPENDIX 4

### COMMONWEALTH OF MASSACHUSETTS BOARD OF REGISTRATION IN NURSING

#### FACULTY VACANCIES AMONG BOARD-APPROVED NURSING EDUCATION PROGRAMS IN MASSACHUSETTS Spring 2004 Survey

##### Summary

Nursing program administrators nationwide continue to report increases in faculty vacancies and growing difficulties in recruiting qualified faculty, particularly those with specific clinical expertise, to meet program expansion needs. Nursing program administrators in Massachusetts cite similar concerns, noting that increasing retirements due to an aging faculty workforce coupled with early retirement incentives available to faculty at publicly funded institutions account for many vacancies.

Nursing faculty shortages are also widely attributed to a decline in the number of graduates from masters and doctoral programs, as well as clinical employment settings attracting current and potential nurse educators with higher compensation. Findings from the 2002 faculty vacancy study conducted by the Massachusetts Board of Registration in Nursing (Board) identified similar factors as contributing to vacancies among Massachusetts basic nursing education programs. The Board surveyed nursing education program administrators in early March 2004 to collect and analyze data to describe nursing faculty vacancies among the 58 Board-approved nursing education programs for academic years 2003-2004 through 2005-2006.

- A total of 48 nurse administrators (83%) responded to the survey by mid-April: 17 of 21 (81%) Practical Nurse programs and 31 of 37 (84%) Registered Nurse programs, including 17 of 21 (81%) hospital-based diploma and associate degree programs, and 14 of 16 (88%) baccalaureate and higher degree programs.
- 37 (77%) respondents were from publicly funded institutions, including 65% Registered Nurse (RN) program respondents and 100% of the Practical Nurse (PN) program respondents.
- The number of 2003-2004 budgeted faculty full-time equivalents (FTEs) among PN program respondents was 73.7, a decline from 105.5 in academic year 2001-2002. The number of vacant 2003-2004 FTEs among PN program respondents was 5.2, a decline from 20 vacant FTEs in 2002.
- The number of 2003-2004 budgeted faculty FTEs among RN program respondents was 495.89, a decline from 509.5 in academic year 2001-2002. However, among diploma and associate degree respondents, the number of budgeted FTEs *increased* from 200.2 in academic year 2001-2002 to 227.94 in academic year 2003-2004. While 20 out of 31 (65%) study participants reported having no FTE vacancies in academic year 2003-2004, the number of vacant FTEs among RN

program respondents overall increased to 26.4 in 2003-2004 from 17.1 in 2001-2002.

*Actual and projected nursing faculty vacancy rates*

	<b>2001-2002 (actual)</b>	<b>2003-2004 (actual)</b>	<b>2005-2006 (projected)</b>
<b>Registered Nurse</b>	3%	5%	8%
<b>Practical Nurse</b>	19%	7%	13%

- Both RN and PN programs project growth in student enrollments through academic year 2005-2006. Based on these projections, between 671 and 1118 clinical instructors will be needed at RN programs statewide during academic year 2005-2006. In addition, between 88 and 146 clinical instructors will be needed at PN programs for the same time period. Since all RN and PN programs did not respond to the 2004 survey, the actual number of clinical instructors needed in academic year 2005-2006 will be higher.
- Retirement followed by program change/expansion and instructors returning to clinical practice were rated by RN program respondents as factors most frequently contributing to pending faculty vacancies. Among PN programs, retirement was also cited most often as contributing to pending faculty vacancies followed by instructors changing academic institution employers or returning to clinical practice.
- Qualified faculty<sup>2</sup> with nursing expertise in pediatrics, obstetrics and medical-surgical were cited most often by both RN and PN program respondents as most difficult to recruit (data varied by program type and RN degree type). While all programs use a variety of strategies to recruit qualified nurse educators, networking and “word-of-mouth” demonstrate the greatest success, with an average of 2.1 RN program and 1.3 PN program FTE positions filled by qualified faculty within the last 12 months. An average of 5.1 vacant clinical or laboratory RN program positions were filled by qualified nurses in the last year, compared to an average of 1.1 among PN programs.
- Non-competitive salary was rated as having the most significant impact overall on an RN program’s ability to recruit qualified faculty (factors differed by RN degree type). A shortage of qualified applicants followed non-competitive salary were cited by PN program respondents as having the most significant impact on faculty recruitment.

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<sup>2</sup> 244 CMR 6.04(2)(b) faculty qualifications: current Massachusetts RN licensure in good standing; a minimum of two years full-time nursing experience, or its equivalent in the last five years; a minimum of a master’s or doctoral degree in nursing for appointment to the faculty of an RN program, or a minimum of a baccalaureate degree in nursing for appointment to the faculty of a Practical Nurse program; and clinical competence in area of instruction.

Full-time salaried nursing faculty positions among *all* 2004 survey respondents

	<b>Average salary</b>	<b>Average salary range</b>	
		<b>Average starting</b>	<b>Average maximum</b>
<b>Practical Nurse programs</b>	\$47,226 (N=11) (\$34,000 to 61,487)	\$40,846 (N=15) (\$30,000 to \$61,300)	\$53,547 (N=15) (\$38,000 to \$66,445)
<b>Diploma/Associate degree RN programs (N=14)</b>	\$42,627 (\$35,000 to \$52,968)	\$36,655 (\$23,000 to \$46,175)	\$51,159 (\$40,000to \$63,805)
<b>Baccalaureate/Higher degree RN programs (N=11)</b>	\$50,449 (\$30,000 to \$65,000)	\$41,173 (\$27,000 to \$55,000)	\$61,947 (\$35,000 to \$81,779)

Full-time salaried nursing faculty positions among *publicly funded* 2004 survey respondents

	<b>Average salary</b>	<b>Average salary range</b>	
		<b>Average starting</b>	<b>Average maximum</b>
<b>Diploma/Associate degree RN programs (N=13)</b>	\$42,650 (\$37,5000 to 52,968)	\$37,167 (\$23,000 to \$46,175)	\$52,017 (\$40,000 to \$63,805)
<b>Baccalaureate/Higher degree RN programs (N=5)</b>	\$53,201 (\$35,000 to \$65,000)	\$40,880 (\$27,500 to \$53,190)	\$69,816 (\$50,000 to \$81,779)

- Comparisons of full-time nursing faculty salaries with the 2003 state average nurse practitioner salary, as reported by ADVANCE for Nurse Practitioners, and those of 4 randomly selected acute care facilities with Massachusetts Nurses Association collective bargaining agreements (2 in western Massachusetts and 2 in Boston) highlight economic differences between academic and clinical nursing practice.
- Over the last 12 months, faculty vacancies at PN programs resulted in (rank order) increased instructor-student ratios in clinical to 1 to 10 as well as ratio increases in the skills lab and classroom. Among RN programs, vacancies resulted in increased instructor-student ratios in the classroom and skills laboratory. 8 RN program respondents were unable to increase student admissions as projected due to nursing faculty vacancies. The inability to offer clinical concurrent with theory was among the least cited (3) outcomes of RN and PN faculty vacancies in the last 12 months.
- Joint appointments and faculty workload redesign were the strategies most frequently implemented in the last 12 months by RN and PN program respondents to address faculty vacancies (data differed program type and RN degree type). However, joint appointments with clinical affiliations were among the least preferred strategies to address faculty vacancies.
- The availability of a competitive salary and benefit package to offer faculty applicants was cited by both RN and PN program respondents as the preferred strategy to address faculty vacancies and to assure the preparation of graduates for safe,

competent, entry-level practice. Requiring a change in Education Policy 02-02, the ability to appoint an otherwise qualified clinical or skills laboratory instructor with a bachelor's in nursing and under the supervision of an instructor with a graduate nursing degree was the second most commonly cited preferred strategy among RN program respondents, a strategy supported by 7 PN program respondents (data differed by RN degree type). Further revision of Education Policy 02-02 (applicable to RN programs only) beyond this was recommended by 4 RN program respondents.

- Among RN program respondents who were granted at least one Board waiver of regulation 244 CMR 6.04(2)(b) 3, an increased instructor-student skills laboratory ratio followed by the inability to increase student admissions as projected, and an increase in instructor-student clinical ratios were identified as potential outcomes had the regulatory waiver not been available to the program.
- Three common themes emerged from respondent comments: non-competitive salary available to offer applicants; workload issues (e.g. "faculty workload demanding"; "orientation of new faculty is time consuming"); and shortage of qualified faculty (e.g. "Board waiver of 244 CMR 6.04(2)(b) 3 was helpful"; "need full-time faculty").



**APPENDIX 5**  
**MASSACHUSETTS BOARD OF REGISTRATION IN NURSING**  
**EDUCATION POLICY 02-02 ADVISORY COMMITTEE**  
**APPLICATION OF OPTION EVALUATION CRITERIA**

<b>Evaluation Criteria</b>	<b>Option 1</b> Prospective clinical or skills lab instructor holds a baccalaureate degree in nursing and is mentored by an experienced nurse educator qualified in accordance with 244 CMR 6.04(2)(b)
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<p>1. Does option increase the pool of otherwise qualified faculty available for appointment to RN programs?</p>	<p>Yes, primarily among Associate Degree programs.</p> <p>Supporting data/documentation</p> <p><i>2001 MA Colleagues in Caring Collaborative findings</i></p> <ul style="list-style-type: none"> <li>· 13.8% RNs statewide hold graduate degree or higher in nursing</li> <li>· Western MA: 10.1%</li> <li>· Central MA: 10.4%</li> <li>· Boston: 18.9%</li> </ul> <ul style="list-style-type: none"> <li>· 49.7% RNs statewide hold baccalaureate degree in nursing or higher</li> <li>· Western MA: 40.1%</li> <li>· Central MA: 44.3%</li> <li>· Boston: 60.9%</li> </ul> <ul style="list-style-type: none"> <li>· Number RNs statewide with non-nursing graduate degrees unknown</li> </ul> <ul style="list-style-type: none"> <li>· 78% licensed nurses had no plans to seek additional nursing education within the next 2 years</li> </ul> <ul style="list-style-type: none"> <li>· 21/32 (66%) BRN-approved (2)(b) 3 waivers granted for appointment of matriculated graduated nursing students 11/02-1/04</li> </ul>
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<p>2. Does option assure the educational and experiential preparation appropriate to teaching assignment?</p>	<p><i>Educational preparation:</i> Yes, when the novice baccalaureate-prepared educator is “mentored” by an experienced nurse educator who holds a graduate nursing degree.</p> <p><i>Experiential preparation:</i> Yes, when the novice baccalaureate-prepared education possesses a minimum of five years nursing experience.</p> <p>Supporting data/documentation</p> <ul style="list-style-type: none"> <li>• Board-approved Registered Nurse programs prepare graduates for practice as generalist clinicians (G.L. c. 112, s. 80B; 244 CMR 6.03; National Council Licensure Examination for Registered Nurses Detailed Test Plan)</li> <li>• The novice educator who holds a baccalaureate degree in nursing is prepared to: practice as a generalist clinician, providing direct and indirect care to individuals, families, groups, communities and populations; manage and coordinate care; and function as a member of the profession (AACN Essentials of Baccalaureate Education for Professional Nursing Practice, 1998)</li> <li>• The experienced educator who holds a graduate nursing degree is prepared to: use evidence-based decision-making; function effectively in practice settings assuming a leadership role; and use advanced clinical judgment skills based on synthesis/application of variety of theories to practice; assume role of teacher, collaborator, consultant, systems manager (AACN Graduate Core Curriculum Content, Essentials of Masters Education, 1996)</li> <li>• Mentorship by an experienced educator with a graduate nursing degree provides pedagogical development (member consensus)</li> <li>• Additional nursing experience above 2 years in lieu of graduate for clinical or lab instruction only (Benner)</li> <li>• Characteristics of effective clinical nurse educator include possession of extensive knowledge and clinical competence in area of instruction (Reilly and Oermann)</li> </ul>
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<p>3. Does option maintain the ability of the program to develop and implement a current, comprehensive and competency-based program of learning that prepares graduates for safe, entry-level practice?</p>	<p>Yes, with mentorship guidelines.</p> <p>Supporting data/documentation  <i>244 CMR 6.04 faculty roles</i></p> <ul style="list-style-type: none"> <li>• Develop, implement and evaluate a validated, science-based curriculum</li> <li>• Design/select appropriate learning experiences</li> <li>• Write appropriate learning objectives</li> <li>• Present information using effective teaching strategies</li> <li>• Measure student competencies</li> <li>• Develop, implement academic policies</li> <li>• Systematically evaluate</li> <li>• Participate in goal-oriented governance</li> <li>• Mentorship by an experienced educator with a graduate nursing degree provides pedagogical development (member consensus)</li> <li>• Additional nursing experience above 2 years in lieu of graduate for clinical or lab instruction only (Benner)</li> <li>• Characteristics of effective clinical nurse educator include possession of extensive knowledge and clinical competence in area of instruction (Reilly and Oermann)</li> </ul>
<p>4. Does option reflect conceptual consistency with 244 CMR 6.04(2)(b)3 and the AACN core content of graduate nursing education?</p>	<p>Yes, with greater than 2 years nursing experience and the provision of a mentor qualified in accordance with 244 CMR 6.04(2)(b) 3.</p> <p>Supporting data/documentation</p>
<p>5. Does option pose a disincentive to graduate nursing education?</p>	<p>Unknown. May be an incentive if the clinical or lab instructor enjoys role. Add time period to option in which instructor would be required to matriculate and complete graduate nursing program.</p> <p>Supporting data/documentation</p>

Recommend option to BRN	<p>Yes, revised to read: Prospective clinical or skills lab instructor possesses an earned baccalaureate degree in nursing and a minimum of five years nursing experience, and is mentored by an experienced nurse educator qualified in accordance with 244 CMR 6.04(2)(b). The instructor must matriculate in a graduate nursing program by the fifth year of employment and complete the program within five years.</p> <p>Note: The Advisory Committee originally considered the appointment of a prospective clinical or skills lab instructor with a baccalaureate degree in nursing only (no additional experience requirement and no mentorship requirement) but after completing the above evaluation process, determined that this was not a viable alternative.</p>
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<b>Evaluation Criteria</b>	<b>Option 2</b> Prospective clinical or skills lab instructor possesses an earned baccalaureate degree in nursing and a related, non-nursing graduate degree.
1. Does option increase the pool of otherwise qualified faculty available for appointment to RN programs?	<p>Yes.</p> <p>Supporting data/documentation See Option 1</p>
2. Does option assure the educational and experiential preparation appropriate to teaching assignment?	<p>Yes.</p> <p>Supporting data/documentation See Option 1</p>
3. Does option maintain the ability of the program to develop and implement a current, comprehensive and competency-based program of learning that prepares graduates for safe, entry-level practice?	<p>Yes.</p> <p>Supporting data/documentation See Option 1</p>

4. Does option reflect conceptual consistency with 244 CMR 6.04(2)(b)3 and the AACN core content of graduate nursing education?	Yes.  Supporting data/documentation See Option 1
5. Does option pose a disincentive to graduate nursing education?	May be disincentive to graduate nursing education.
Recommend option to BRN	Yes.

<b>Evaluation Criteria</b>	<b>Option 3</b> Prospective maternity nursing clinical or lab instructor holds a related, non-nursing graduate degree (e.g. MPH, MS, MA) from an American College of Nurse Midwifery (ACNM) accredited program (? Didactic also)
1. Does option increase the pool of otherwise qualified faculty available for appointment to RN programs?	Yes.  Supporting data/documentation Member consensus. Number RNs with related, non-nursing graduate degree from ACNM-accredited program unknown.
2. Does option assure the educational and experiential preparation appropriate to teaching assignment?	No.  Supporting data/documentation <ul style="list-style-type: none"> <li>Baccalaureate degree is not required for admission to non-nursing, ACNM-accredited graduate programs. As a result, the prospective instructor may not have any academic degrees in nursing. Non-nursing graduate programs would not include nursing theory/science (ACNM Core Nurse Midwifery Competencies – accreditation standards)</li> </ul>
3. Does option maintain the ability of the program to develop and implement a current, comprehensive and competency-based program of learning that prepares graduates for safe, entry-level practice?	May for part-time appointments only.  Supporting data/documentation

4. Does option reflect conceptual consistency with 244 CMR 6.04(2)(b)3 and the AACN core content of graduate nursing education?	No. Supporting data/documentation ACNM opposes mandatory master's preparation for nurse midwifery licensure (ACNM Position Statement on Mandatory Degree Requirements for Midwives) Non-nursing, ACNM-accredited graduate programs do not include nursing theory/science (ACNM Core Nurse Midwifery Competencies –accreditation standards)
5. Does option pose a disincentive to graduate nursing education?	Yes.
Recommend option to BRN	No.

<b>Evaluation Criteria</b>	<b>Option 4</b> Extend current Education Policy 02-02 waiver criteria to include didactic faculty as long as the majority of full-time faculty possess an earned masters degree in nursing or an earned doctoral degree in nursing.
1. Does option increase the pool of otherwise qualified faculty available for appointment to RN programs?	Yes.  Supporting data/documentation
2. Does option assure the educational and experiential preparation appropriate to teaching assignment?	No.  Supporting data/documentation Lacks depth of nursing theory/science only available in graduate nursing programs. Baccalaureate prepared nurse prepared primarily as a clinician and therefore would not have the advanced knowledge, skills and abilities necessary to effective teaching and program development; some instruction in pedagogy is possible but would not be able to provide full depth and scope of what is needed (member consensus).



3. Does option maintain the ability of the program to develop and implement a current, comprehensive and competency-based program of learning that prepares graduates for safe, entry-level practice?	<p>Yes.</p> <p>Supporting data/documentation  29 state nursing boards require graduate nursing degree for appointment to faculties of baccalaureate degree nursing programs; 3 require baccalaureate only; 21 require combination nursing, non-nursing graduate degrees. 26 state nursing boards require graduate nursing degree for appointment to faculties of associate degree nursing programs; 2 require baccalaureate only; 24 require combination of nursing and non-nursing graduate degrees and baccalaureate degrees.</p>
4. Does option reflect conceptual consistency with 244 CMR 6.04(2)(b)3 and the AACN core content of graduate nursing education?	
5. Does option pose a disincentive to graduate nursing education?	Unknown. May serve as incentive if baccalaureate-prepared nurse enjoys educator role.
Recommend to BRN	No.

**APPENDIX 6**  
Massachusetts Board of Registration in Nursing  
Education Policy 02-02 Advisory Committee

Proposed Revisions to the Board's Guidelines For Clinical Education Experiences  
(Addition of new Section III: Novice Educator Mentorship Guidelines)

The Board's regulations at *244 CMR 6.04: Standards for Nursing Education Program Approval* are designed to provide a framework for the protection of the public's health, safety and welfare. The following guidelines, based on the Board's regulations at 244 CMR 6.04, identify the important role of nursing faculty in planning and implementing clinical learning experiences, regardless of setting.

244 CMR 6.04(1) (e)

Faculty shall develop and implement a written plan for the systematic evaluation of all components of the program. This evaluation shall include the measurement of the outcomes of the program. The results of the evaluation shall be used for the development, maintenance and revision of the program.

244 CMR 6.04(2) (b) 5

Program faculty shall maintain expertise appropriate to teaching responsibilities.

244 CMR 6.04(3) (b)

Program faculty shall evaluate student achievement of nursing competencies.

244 CMR 6.04(4) (a)

Program faculty shall develop a nursing curriculum plan which shall provide a variety of learning experiences consistent with the program's mission or philosophy, and outcomes or goals. The sciences, arts, humanities, and foundations of the profession shall be an integral part of the nursing curriculum plan.

244 CMR 6.04(4) (b) 2

The curriculum shall be based on an organized pattern of instruction consistent with principles of learning and educational practice.

244 CMR 6.04(4) (b) 3

The curriculum shall provide instruction in the discipline of nursing, appropriate to the Registered Nurse or Practical Nurse level, across the lifespan and include content relevant to national and local health care needs.

244 CMR 6.04(4) (b) 5

The curriculum shall identify the level of student achievement expected at defined points in the program.

244 CMR 6.04(5) (b)

The allocation of resources shall be appropriate in meeting the goals and outcomes of the program by determining the student-faculty ratio in clinical practice by the complexity of the educational experience, the student's level of knowledge and skill, and patient needs. The ratio shall not exceed ten students to one faculty member (10:1).

244 CMR 6.04(5) (c)

The allocation of resources shall be appropriate in meeting the goals and outcomes of the program by providing for current and comprehensive learning resources developed with faculty input. These resources shall be available and accessible to students and faculty

244 CMR 6.04(5) (f)

The allocation of resources shall be appropriate in meeting the goals and outcomes of the program by developing written agreements with cooperating agencies utilized as clinical learning sites. Agreements shall be developed and reviewed annually by both program and agency personnel. Agreements shall be current and specific in defining parameters of activities and the responsibilities of the program, the student and the cooperating agency.

I. Selection of settings for student experiences

- A. The selection of clinical learning experiences should be based on an evaluation of:
  - 1. the appropriateness of the experience in meeting identified course objectives and curriculum outcomes;
  - 2. the knowledge and skill level of the student, the acuity of the client population, and the experience of the clinical staff with students; and
  - 3. the availability of support resources.
- B. Settings for clinical education should be appropriate for the level of practitioner being prepared.
- C. Routinely scheduled evaluation of the effectiveness of student learning experiences should include faculty, student(s), and clinical and administrative staff of the affiliating agency.
- D. Factors to be considered when developing criteria for the selection of clinical education experiences include, but are not limited to the:
  - 1. role (if present) of nursing in the setting;
  - 2. opportunities for the student to practice nursing safely;
  - 3. ability of program faculty to provide adequate and safe supervision of student practice;
  - 4. willingness of the setting to accommodate student experiences;
  - 5. number of other programs/students using the setting concurrently;

6. interdisciplinary nature of the site;
  7. physical safety of students;
  8. geographic location of the affiliating agency; and
  9. administration of medications by certified, unlicensed staff of the affiliation agency is consistent with Department of Public Health regulations (e.g.: group homes, school systems).
- E. Additional factors to be considered when developing criteria for the selection of clinical precepted nursing experiences include, but are not limited to the:
1. opportunities for students to benefit from learning experiences that occur after the initial acquisition of basic nursing skills and which are provided under the direct leadership and supervision of a preceptor; and
  2. availability of preceptors who are registered nurses currently licensed in Massachusetts, who are not members of the educational program and who serve as facilitators of student learning in the practice setting. A preceptor is required to have a baccalaureate degree in nursing, master's in nursing preferred and expertise in the clinical area being precepted.

## II. Responsibilities of program faculty in the selection and supervision of clinical experiences

- A. When planning for student clinical learning experiences, faculty should consider the health, safety and welfare of clients as a priority. The complexity of the learning situation, student level, and the safety of the client, as identified by faculty evaluation, determine the teacher student ratio in clinical settings, and the degree of supervision which is required. The clinical education ratio cannot exceed 1:10.
- B. In selecting learning experiences, faculty are responsible for:
1. the evaluation of
    - a. student knowledge and skills
    - b. client acuity
    - c. experience level of staff
    - d. support service availability
    - e. appropriateness of clinical experiences in meeting the identified course objectives and curriculum outcomes
    - f. mechanisms for communication between agency staff, students, and faculty
    - g. client population;
  2. the establishment of relationships with
    - a. the clinical agency
    - b. individual agency staff who work with students;
  3. orientation of students to the facility (i.e.: policies, procedures, communication mechanisms, equipment, documentation systems), role expectations, and learning objectives;
  4. orientation of agency staff which includes:
    - a. roles and responsibilities of staff, faculty, and students

- b. knowledge and skill level of students
    - c. course objectives and curriculum outcomes
    - d. accountability and responsibility of faculty and students related to student competence;
  - 5. initial and on-going orientation to the agency which includes:
    - a. roles and responsibilities of clinical and administrative staff
    - b. policies and procedures
    - c. equipment; and
  - 6. monitoring that all parties are meeting agreements.
- C. Program faculty are responsible and accountable for planning, implementing, and evaluating student learning. Program faculty should be readily available to students and agency staff during clinical learning experiences. Ready availability may be accomplished by phone/pager, or other telecommunication tools. Accountability for the use of telecommunication tools remains with the program faculty.
- D. Program faculty must be competent in the practice area involving the learning experience.
- E. In addition program faculty selecting to use a preceptorial learning experience should have:
- 1. a designated faculty member who is responsible for the coordination of the experience;
  - 2. a preceptor who would lead, guide and advise students in a dynamic relationship that facilitates synthesis of skills, promotes independence, autonomy and self actualization. As a direct supervisor, a preceptor provides guidance for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity;
  - 3. a preceptor responsible for directly facilitating learning activities of no more than two (2) students at one time; and
  - 4. a written agreement with the cooperating agency, which includes specific responsibilities of program, student, preceptor and faculty. Such agreement shall be current and reviewed annually.

Education Policy 02-02 Waiver Option 3: Novice Nurse Educator Mentorship

- A. Board regulation, 244 CMR 6.04(2)(b) 3 requires faculty teaching either the theoretical or clinical component of a nursing course to possess an earned master's degree in nursing, or to possess an earned doctorate degree in nursing, for appointment to the faculty of a Registered Nurse program.
- B. Education Policy 02-02 establishes criteria for the waiver of 244 CMR 6.04(2)(b) 3 in the appointment of otherwise qualified faculty to Registered Nurse programs for the purpose of clinical or skills laboratory instruction. While the Board expects approved Registered Nurse programs to comply with regulation 244 CMR 6.04(2)(b) 3, it recognizes that approved Registered Nurse programs may

choose to apply to the Board for a 244 CMR 6.04(2)(b) 3 waiver as a short-term strategy to respond to regional shortages of nurse educators qualified in accordance with 244 CMR 6.04(2)(b) 3. In instances where a Registered Nurse program applies to the Board for a waiver under the policy's Waiver Criterion 3, implementation of a mentorship is required to promote the ongoing development of the novice nurse clinical or laboratory educator (novice educator) to experienced nurse educator, and should include:

- Designation of an experienced nurse educator, qualified in accordance with 244 CMR 6.04(2)(b), to mentor the novice educator;
- Recognition that the mentor and the novice educator:
  - must each engage in the practice of nursing in accordance with accepted standards of practice (i.e. authoritative statements that describe a level of care of performance common to the nursing profession by which the quality of nursing practice can be judged [244 CMR 9.03(5)]; and
  - are each responsible and accountable for his or her own nursing judgments, actions and competencies (i.e. the application of knowledge and the use of affective, cognitive and psychomotor skills required for the role of the nurse in the delivery of safe nursing care in accordance with accepted standards of practice [244 CMR 9.03(9)];
  - Consideration of the *Five Rights of Novice Educator Mentoring*:
    - Right course within the nursing curriculum
      - Nursing education occurs on a continuum from simple to complex. Decision-making related to the identification of clinical learning experiences for assignment to the novice educator will include consideration of the overall course outcomes and the specific clinical objectives (e.g. Board-approved nursing education programs may determine that the preparation at the graduate or doctoral level in nursing is the appropriate academic credential for the nurse educator assigned to the clinical component of an advanced or synthesis level nursing course).

#### Right mentor

- The designated mentor demonstrates the ability to select appropriately-leveled learning objectives; design learning activities; employ appropriate teaching strategies; effectively evaluate learner outcomes; foster student independence and accountability; exhibit respect and support for students, faculty colleagues and affiliating agency staff by providing non-judgmental feedback; and promote professional socialization.
- The designated mentor is available and accessible to the novice educator.

#### Right communication

- A clear formal and informal communication structure is established between mentor and novice educator, and assures that the roles of the mentor and the novice educator are directly communicated.

#### Right resources

- The Board-approved nursing education program has allocated the requisite resources to facilitate the novice educator's development to experienced nurse educator by:
  - faculty mentor identification;
  - recognizing the contributions of the novice educator's knowledge and expertise to safe nursing practice, and differentiating the educator role based on educational preparation;
  - facilitating the novice educator's participation in graduate nursing education;
  - implementation of a faculty-developed plan that is based on an assessment of the novice educator's knowledge, skills and abilities, and that fosters the novice educator's:
    - development of effective decision making skills related to the selection and assignment of patients based on clinical learning objectives; planning and preparation of pre and post clinical conferences; use of a variety of teaching strategies; role modeling clinical and interpersonal skills; assisting students with critical thinking and problem-solving; student evaluation, and provision of non-judgmental feedback to students;
    - active participation in program and institution governance;
    - participation in professional development programs for nurse educators and long-term commitment to the educator role and life-long learning.

#### Right evaluation

- The Board-approved nursing education program systematically evaluates the appointment of faculty whose terminal degree is at the baccalaureate level, as well as the mentorship of novice baccalaureate-prepared nurse educators.
- The results of the evaluation, including measurement of the program outcomes (including, but not limited to, NCLEX performance, retention rate, employment rate and patterns, and graduate satisfaction) are used for further development, maintenance and revision of the program.

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